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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/805,023	03/18/2004	Hirokazu Ikeda	16869K-111100US	9205
	7590 12/12/200 AND TOWNSEND AN		EXAM	INER
TWO EMBARCADERO CENTER EIGHTH FLOOR			NGUYEN, TAN D	
	SAN FRANCISCO, CA 94111-3834		ART UNIT	PAPER NUMBER
			3689	
			MAIL DATE	DELIVERY MODE
			12/12/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intonvious Summary	10/805,023	IKEDA ET AL.	
Interview Summary	Examiner	Art Unit	
	Tan Dean D. Nguyen	3689	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Tan Dean D. Nguyen</u> .	(3)		
(2) <u>Andrew Lee</u> .	(4)		
Date of Interview: <u>03 December 2008</u> .			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	2)∏ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: all oustanding claims.			
Identification of prior art discussed:			
Agreement with respect to the claims f)⊠ was reached. g	)∐ was not reached. h)∐ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>To make last office action</u>			was
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP / DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
/Tan Dean D. Nguyen/ Primary Examiner, Art Unit 3689			

Application No.

Applicant(s)